PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 8		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL	SMALL ENTITY			R THAN LENTITY
FOR .	NUME	NUMBER FILED		BER EXTRA	RATE	FEE	7	BATE	
BASIC FEE 37 CFR 1.16(a))					1		1	RATE	FEE
TOTAL CLAIMS			- 1		┨ ┠────	 	OR	—	<u> </u>
07 CFR 1.16(c)) minus 20 =		0 = 1		× 5=	<u> </u>	OR	_ x s =		
07 CFR 1.16(b)) minus 3		3 = .		x s		OR	xs -		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5=		OR	+:	
If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL	
С	LAİMS AS AM	ENDEC	– PART II				•		
7-10-706 (Column 1) (Column 2) (Column 3)				~	F1 1975)	OR		R THAN	
1	CLAIMS	<u> </u>	HIGHEST	,00,0,00,0)	SMALL	FIAILIA	1	SMALL	ENTITY
∀	REMAINING AFTER AMENDMENT	· · ·	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total (xr of k 1.16(a)) Independent (xr of k 1.16(b))	17	Minus .	" 2 U	1./	x 2/ 5:	FEE		x: 177	FEE
Z Independent LJ (37 CFR 1.16(b))	• 3	Minus	- 3	-/			OR.		
E EPPET POE CENT				1.7	 * * /0 0		OR	× =<00	
- PROT PRESERT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.16(d))	+8=		OR	+5 -	•
4-11-06					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
7 11	(Column 1)		(Column 2)	(Column 3)					
מ	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	BATT	4001	Ì		
-	AFTER		PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total	AMENDMENT	Minus	PAID FOR		00	FEE			FEE
(37 CFR 1.15(ct) Independent U (37 CFR 1.16(b))	. 2	Minus	24	0	**\\)-		OR	x : 3 ()	0
Total (SF CFR 1.16(c)) Independent (SF CFR 1.16(b))	3		3		×100		OR	x : 200	O
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+8=		OR	+5	6
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
	(Column 1)		(Column 2)	(Column 3)	•		•		
اد	CLAIMS REMAINING		HIGHEST	PRESENT					
	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total (pr cFR 1.15(c)) Independent (pr cFR 1.16(b))	•	Minus	44	•	1.A5.	ree	00	,,(1)	FEE
Independent (37 CFR 1,16(bl))	•	Minus	•••	e	11/17		OR OR	*:200	
FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	ENT CLAIM (37 CF	R 1.16(n)	1700			- 000	
			(0.0		TOTAL		OR	TOTAL	
					ADO'L FEE		OR	ADD'L FEE	Mariani, Lauri

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 20".

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